IMPACT OF SUMMER CAMP EXPERIENCE ON GERIATRIC EX-PATIENTS

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This study was concerned with the evaluation of a two-week summer camp experience for two groups of geriatric ex-patients and was designed to answer three basic questions. The first dealt with the attitudes of camp staff members toward having ex-mental patients as campers. With only a few exceptions, their attitudes were positive. The second question concerned the ability of these ex-patients to behave in a manner comparable to other Senior Citizen Campers. No unequivocal answer was possible, since one group was indistinguishable from the other campers, while the second group showed some social deficits. Question three dealt with what effect the camp experience had on the ex-patients' emotional dispositions. It was found that some changes did occur. Their reported feelings of sadness and dejection were lower, and ratings of their feelings of acceptance and sociability were considerably higher at the end of their stay at camp. It was concluded that, in general, the camp experience was beneficial.

Bronx State Hospital has initiated a number of programs designed to ease the transition of geriatric ex-patients back into the community. One of these programs is concerned with making arrangements for discharged or convalescent patients to live in apartments with a minimum of assistance from hospital personnel.

During the summer of 1969, an opportunity arose to send two groups of these geriatric ex-patients to a senior citizens camp. A study was initiated in order to evaluate the effects of this experience on both the campers and the staff members of the camp. Three major questions were posed: (1) what were the attitudes of the staff toward ex-mental hospital patients as campers; (2) does a group of ex-mental patients behave differently from an average group of campers at a senior citizens' camp; and (3) does the camp experience have any effect on the ex-patients' responses to a self-report personality index?

Method

Two groups of geriatric ex-patients, sent at separate times, attended one section of a large settlement camp located approximately one hundred miles from New York City. Each group stayed for a two-week period. There were 10 campers on the first trip (2 males and 8 females) and 8 campers on the second trip (1 male and 7 females). An attendant accompanied each group. Campers were selected on the basis of their ability to function in a relatively integrated manner and on their desire to attend

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camp. The selections were approved by members of the hospital’s geriatric and psychiatric staff.

At the time the ex-patients were at the camp, it had a Director, six staff members and a full-time registered nurse. The camp accommodated 120 senior citizens, most of whom were receiving some financial aid. The ratio of males to females was approximately 1:10. The campers lived in unsupervised bunk units, with about 12 campers to a unit. The ex-patients were all assigned to one bunk unit. For Trip 1 campers only, the attendant accompanying them was also assigned to their unit.

The camp offered a full program of regularly scheduled activities appropriate to the age of the campers. For example, such activities as arts and crafts, drama, folk and social dancing, rowing and hiking were all available. Campers were free to attend these activities or not as they chose. Campers and staff ate their meals together in a large dining room.

Four types of measuring instruments were employed to evaluate the impact of the camp experience on both the ex-patients and the staff members. One was the Senior Citizen Campers Rating Index, developed to assess the ex-patients’ behavior while at Camp. The second instrument was the Geriatric Rating Scale (Plutchik, et al., 1970), which assesses both physical and social functioning. The third rating scale employed in the study was the Self-Rating Index, completed by the patients themselves both before and after camp. This index provides quantitative data on emotional dispositions. Finally, at the time of each group’s departure, the staff members were asked to answer a series of questions concerning their attitudes toward having ex-mental patients at camp.

The Senior Citizen Campers Rating Index consisted of 15 questions and was completed by staff members who were well-acquainted with the campers by the end of their stay. Staff members were asked, for example, whether a given camper had difficulty in participating in most of the camp’s activities, whether he had difficulty in making new friends, or whether he had more physical complaints than other campers. Questions were answered “Yes” or “No.” “Yes” answers indicated maladaptive behavior while those answered “No” represented behavior of a socially adaptive type. Each camper received a score based on the number of “No” responses made to the questions; therefore, the higher his score, the better he was considered to be functioning by the staff. For comparison, two control groups of senior citizens were randomly selected from the total camp roster, one for each trip. They were also rated on this scale by the same staff members who rated the ex-patients.

The Geriatric Rating Scale was also completed by staff members for the two groups of ex-patients and a control group at the end of their stay. This scale is concerned with determining how well a geriatric patient is able to function, both physically and socially. It consists of 28 items of the following type.

When not helped by other people, the patient’s appearance is:
Almost never sloppy ............. 0
Sometimes sloppy ................ 1
Almost always sloppy ............ 2

With regard to friends, the patient:
Has several friends .............. 0
Has just one friend .............. 1
Has no friends .................. 2

A low score indicates a well-functioning patient.
The third rating scale employed in the study was the Self-Rating Index, completed by the ex-patients themselves both before and after camp. It is based upon the theory of emotion developed by Plutchik (1962; 1965), and is designed to evaluate emotional dispositions. It includes items such as the following: Do you show that you like other people? Do you act gloomy and sad? Are you shy with other people? The patient indicates whether each statement is "hardly ever," "sometimes" or "often" true for him. The scoring is done in terms of eight emotional dimensions which Plutchik considers to be primary or prototypic: incorporation (acceptance); orientation (surprise); protection (fear); deprivation (sadness); rejection (disgust); exploration (expectation); destruction (anger); and reproduction (joy).

Finally, a series of questions were developed which were designed to determine the camp staff's attitudes toward ex-mental patients. The questions were answered at the end of each trip's stay by six staff members. The Campers Rating Index consists of the following three questions:

1. Do you feel that ex-mental hospital patients can participate in all activities that the regular campers can?

2. Were you especially worried when told that some ex-mental patients were going to be campers?

3. If no information had been supplied about these campers, would you have known they were ex-mental hospital patients?

Results

Analysis of the data concerning the camp staff's feelings about having ex-mental patients at camp indicated quite positive attitudes. At the time of Trip 1's departure, none of the staff said that they had been especially worried when informed that ex-patients would be campers, and only one of the six questioned felt that they could not participate in all the regular camp activities. Interestingly, it was this same member of the staff who claimed that, even without any prior information, he would have known that these campers were ex-patients.

It appears that the staff were slightly more ambivalent toward the campers in Trip 2. For example, two members stated that, as a group, their ability to participate in all the camp's activities was restricted and that they would have recognized them as ex-patients. A possible explanation for the different behavior of the two groups might lie in the fact that Trip 1 was closely chaperoned by their attendant, who treated them in a very maternal fashion. The attendant accompanying Trip 2 was considerably younger, did not sleep in their bunk unit, and, in addition, became quite ill during the period they were at camp. Conceivably then, the campers on Trip 1 received more physical and emotional support.

The results of the Campers Rating Index were consistent with the attitudes expressed by the staff. This index, on which the staff rated the ex-patients and the control group, is so scored that the higher his score, the better the camper is considered to be functioning. The mean score for the 10 Trip 1 campers was 10.30 (SD = 1.34) as compared with a mean score of 10.70 (SD = 1.49) for the control group of 10 randomly selected senior citizens. The difference between these two means is not significant (t = 0.63), which suggests that these ex-patients were not distinguishable from the other campers.
Comparison of the mean scores for the eight Trip 2 campers and their control group, however, yields a very different picture. The mean score for the ex-patients was 8.50 (SD = 1.93), while that for the other randomly selected control group was 10.50 (SD = 0.71). This difference was significant at better than the .001 level (t = 3.91), and implies that the campers of Trip 2 were in fact more impaired in their ability to function at camp than either those of Trip 1 or the other senior citizens. It is worth noting that the means for the two randomly selected control groups were almost identical, thus emphasizing the adequacy of the sampling procedure.

Analysis of the Geriatric Rating Scale yielded results which were consistent with the fact that Trip 2 campers did not function in as socially integrated a manner as the control group or the Trip 1 campers. When the average rating for Trip 1 was compared with the average rating for the control group (Table 1), the control group received a lower mean score (better functioning), but the difference was not statistically significant.

Table 1
Scores on theGeriatric Rating Scale
Designed to Measure Level of Social Functioning

<table>
<thead>
<tr>
<th>Ratings At Camp</th>
<th>Trip 1 (N=10)</th>
<th>Trip 2 (N=8)</th>
<th>Controls (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>5.00</td>
<td>9.00</td>
<td>2.78</td>
</tr>
<tr>
<td>SD</td>
<td>3.02</td>
<td>3.38</td>
<td>2.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>t</th>
<th>Trip 1 vs Controls</th>
<th>Trip 2 vs Controls</th>
<th>Trip 1 vs Trip 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip 1 vs Controls</td>
<td>1.85</td>
<td>4.45**</td>
<td>2.61*</td>
</tr>
<tr>
<td>Trip 2 vs Controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trip 1 vs Trip 2</td>
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*p < .01
**p < .001

However, the difference in means between Trip 2 and the controls was significant at the .001 level. The difference in means between Trip 2 and Trip 1 was significant at the .01 level. The behavior of Trip 2 campers was judged to be more impaired than that of either of the other two groups.

In order to determine which items best discriminated among the three groups, an item analysis was performed. Interestingly, none of the items designed to assess physical functioning showed any appreciable differences. This implies that all three groups were comparable in terms of physical intactness, and probably reflects the fact that the ex-patients were chosen for the camping experience on the basis of their lack of marked physical impairment.

Some of the items measuring social behavior, however, did show marked differences. For example, the item which asks how often the camper played games, had hobbies, etc. discriminated between the control group and both groups of ex-patients at better than the .01 level. Items concerned with how often the camper read books or magazines, how often he would begin conversations with others, and how often he physically helped others were highly effective in differentiating between Trip 2 campers and the controls (p < .01) as well as between Trip 1 and Trip 2 (p < .05). It would appear that all the scales on which the campers were rated pointed to the same conclusions, i.e., that the Trip 2 campers were more impaired than those of Trip 1 or the control group of senior citizens, and that in most respects Trip 1 campers differed very little from the other senior citizens.

Analyses of the Self-Rating Index data for Trip 1 and Trip 2 separately showed that neither group reported any significant changes in their emotional dispositions over the two-week period during which they attended camp. It is of interest to note, how-
ever, that there was a marked, though not statistically significant, decrease in the Trip 1 ex-patients deprivation score. This suggests that the camp experience may have served to reduce their feelings of sadness and dejection.

Trip 2 ex-patients also showed some differences in their reported feelings of acceptance of others and sociability, both of which increased at the end of the two-week period. These feelings are of particular interest in view of the fact that staff attitudes and the Campers Rating Index indicated that Trip 2 ex-patients had not functioned as normally as those on Trip 1. One might speculate that whether or not the trip was successful from the point of view of behavior, it is possible that it was beneficial in terms of increasing positive emotions.

REFERENCES

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